



**Catawba County Public Health Department
Division of Environmental Health**

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

For submission with full set of signed and sealed plans produced by an architect or engineer.

Type of Construction: NEW _____ REMODEL _____ CONVERSION _____
County in which Located: _____
Name of Establishment: _____
Establishment's Address: _____
City: _____ Zip Code: _____
Phone if available: (____) – (____ - _____) Fax: (____) – (____ - _____)

I have submitted plans/application to the following:
(Please note date, phone number and contact person on application line)

Plumbing _____
Contact Person _____
Phone Number (____) – (____ - _____)

Electrical _____
Contact Person _____
Phone Number (____) – (____ - _____)

Building _____
Contact Person _____
Phone Number (____) – (____ - _____)

Hours of Operation

Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____

Number of Seats _____

Number of Staff _____ (Maximum per shift)

Facility Total Sq. Ft. _____

Projected Number of Meals to be Served: (Approximate number)

Breakfast _____ Lunch _____ Dinner _____

Projected Start Date of Construction _____

Projected Completion Date of Project _____

Type of Service**(Check all that apply)**

Sit Down Meals

Take Out

Caterer

Mobile Food Unit

Push Cart

Limited Food Service

Temporary Food Stand

Single Service Utensil Only

Multi-Use Utensil Service Only

Both Multi-Use and Single Service Utensils

Other

Please Enclose the Following Documents

- Proposed menu items (including seasonal variations in the menu).
- Manufacturer specification sheets for each piece of equipment shown on plans.
- Site plan showing location of business in building, location of building on site including alleys, streets and location of any outside facility (dumpster, walk-ins, etc.).
- Plan of facility drawn to scale showing location of equipment, plumbing, electrical service and mechanical ventilation, including location of all electrical panels.

ITEMS THAT NEED TO BE ADDRESSED

1. Information plans should include; the proposed menu, seating capacity, projected daily meal volume for food service operation.
2. Adequate rapid cooling including ice baths and refrigeration, and hot-holding facilities for potentially hazardous food (PHF) should be clearly designated on the plan.
3. When menu dictates, separate food preparation sinks should be labeled and located to preclude contamination and cross-contamination of raw and ready to eat foods.
4. Auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation should be represented on the plan.
5. Insure that all food service/kitchen equipment is National Sanitation Foundation International (NSF) listed, Underwriters Laboratories Inc., Classified for Sanitation or if not NSF or UL listed/classified, be constructed to meet NSF standards as specified according to 15A NCAC 18A .2600, Rule .2617 paragraph (d).\
6. As specified according to 15A NCAC 18A .2600, Rule .2632 “Storage Spaces”. All items stored in rooms where food or single-service items are stored shall be at least 12 in. (30.48 cm.) above the floor when placed on stationary storage units or 6 in. (15.24 cm.) above the floor when placed on portable storage units or otherwise arranged so as to permit thorough cleaning.

FOOD PREPARATION REVIEW

Check categories of Potentially Hazardous Food (PHF) to be handled prepared and served.

CATEGORY	Yes	No
Thin meats, poultry, fish, eggs (hamburgers, chicken breast, fish filet, etc.)	_____	_____
Thick meats, whole poultry (whole roasts, pork, chicken, meat loaf, etc.)	_____	_____
Hot processed foods (soups, stews, chowders, casseroles)	_____	_____
Bakery goods (pies, custards, creams)	_____	_____
Other: _____	_____	_____

PLEASE CHECK BOX FOR THE FOLLOWING QUESTIONS

FOOD SUPPLIES

1. Are all food supplies from inspected and approved sources? Yes_____ No_____

COLD STORAGE

2. Are adequate and approved freezer and refrigeration available to store frozen foods at 0⁰ F and below, and refrigerated foods at 45⁰ F (7⁰ C) and below? Yes_____ No_____

Provide the method used to calculate cold storage requirements: _____

Provide total footage of space dedicated to walk-in cold storage _____

Provide total footage of space dedicated to reach-in cold storage _____

3. Will raw meats, poultry and seafood be stored in the same refrigerators and freezer with cooked/ready-to-eat foods? Yes_____ No_____

If yes, how will cross-contamination be prevented? _____

4. Does each refrigerator/freezer have a thermometer? Yes_____ No_____
- Number of refrigeration units:_____ Number of freezer units:_____

THAWING

Please indicate by checking the appropriate box how PHF (potentially hazardous food) in each category will be thawed. More than one method may apply.

Thawing Process	Thick Meats	Thin Meats	Fish Seafood	Poultry Products	Baked Goods
Refrigeration					
Running Water less than 70 ⁰ F (21 ⁰ C)					
Cooked Frozen (indicate wt. lbs.)					
Microwave					

Other (describe): _____

COOKING PROCESS

Item #1 - Will food product thermometers (0° – 212° F) be used to measure final cooking/reheating temperatures of PHF (potentially hazardous food)? Yes _____ No _____

Minimum cooking time and temperature of product utilizing convection and conduction heating equipment:

Product	Time & Temperature	Product	Time & Temperature
Beef roast	130° F (121 min)	Comminuted meats	155° F (15 sec)
Seafood	145° F (15 sec)	Poultry	165° F (15 sec)
Port	155° F (15 sec)	Other PHF	145° F (15 sec)
Eggs	145° F (15 sec)	* reheating PHF	165° F (15 sec)

Item #2 - Hot Holding

How will hot PHF (potentially hazardous food) be maintained at 140° F (60° C) or above during holding for service? Indicate type and number of hot holding units.

Item #3 - Cold Holding

How will hot PHF (potentially hazardous food) be maintained at 45° F (7° C) or above during holding for service? Indicate type and number of hot holding units.

Item #4 - Cooling

Please indicate by checking the appropriate box how PHF (potentially hazardous food) will be cooled to 45° F (7° C) within 6 hours (140° F to 70° F in 2 hours and 70° F to 45° F in 4 hours).

Cooling Process	Thick Meats	Thin Meats	Fish Seafood	Poultry Products	Baked Goods
Shallow Pans					
Ice Baths					
Rapid Chill					

Other (describe): _____

FOOD PREPARATION

1. Please list categories of food prepared more than 12 hours in advance of service.

2. Will disposable gloves and/or utensils and/or food grade paper be used to minimize handling of ready-to-eat foods? Yes _____ No _____
3. Is there an established policy to exclude or restrict food workers who are sick or have infected cuts and lesions? Yes _____ No _____
Please describe procedure: _____

4. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be cleaned and sanitized?
Please describe procedure: _____

5. How will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before mixed and/or assembled? _____

THE FOLLOWING 4 QUESTIONS DEAL WITH FOOD PREPARATION PROCEDURES FOR FACILITIES.

Food preparation procedures are needed to obtain information on how the food is prepared and to help determine that adequate facilities are available. *The food preparation procedures should include types of food prepared, time of day and equipment used for service in the facility.*

(Attached is Food Item Preparation Worksheet Supplement for additional food items prepared in the facility.)

If your company has food preparation procedures already developed, these can be submitted as part of the plan review approval process.

1. Produce Preparation Procedures

- | | | |
|---|----------|---------|
| a. Will produce be washed or rinsed prior to use? | Yes_____ | No_____ |
| b. Is there an approved location used for washing or rinsing produce? | Yes_____ | No_____ |
| c. Will it be used for other operations? | Yes_____ | No_____ |

Please indicate location of produce washing equipment and describe the procedures. Include time of day and frequency for washing or rinsing the produce at this location:

Please describe the produce preparation procedures and indicate location of equipment to support this operation. The preparation procedure should include dishes (proposed menu items) in which the produce will be used, and should include time of day and frequency of preparation for the produce at this location:

2. Seafood Preparation Procedures

- | | | |
|---|----------|---------|
| a. Will seafood be washed or rinsed prior to use? | Yes_____ | No_____ |
| b. Is there an approved location used for washing or rinsing seafood? | Yes_____ | No_____ |
| c. Will it be used for other operations? | Yes_____ | No_____ |

Please indicate location of seafood washing equipment and describe the procedures. Include time of day and frequency for washing or rinsing the seafood at this location:

Please describe the seafood preparation procedures and indicate location of equipment to support this operation. The preparation procedure should include dishes (proposed menu items) in which the seafood will be used, and should include time of day and frequency of preparation for the seafood at this location:

3. Poultry Preparation Procedures

- a. Will poultry be washed or rinsed prior to use? Yes_____ No_____
- b. Is there an approved location used for washing or rinsing poultry? Yes_____ No_____
- c. Will it be used for other operations? Yes_____ No_____

Please indicate location of poultry washing equipment and describe the procedures. Include time of day and frequency for washing or rinsing the seafood at this location:

Please describe the poultry preparation procedures and indicate location of equipment to support this operation. The preparation procedure should include dishes (proposed menu items) in which the poultry will be used, and should include time of day and frequency of preparation for the poultry at this location:

4. Pork and/or Red Meat Preparation Procedures

- a. Will pork and red meats be washed or rinsed prior to use? Yes_____ No_____
- b. Is there an approved location used for washing or rinsing pork and red meats? Yes_____ No_____
- c. Will it be used for other operations? Yes_____ No_____

Please indicate location of seafood washing equipment and describe the procedures. Include time of day and frequency for washing or rinsing the seafood at this location:

Please describe the pork and red meats preparation procedures and indicate location of equipment to support this operation. The preparation procedure should include dishes (proposed menu items) in which the pork and red meats will be used, and should include time of day and frequency of preparation for the pork and red meats at this location:

DESIGN INFORMATION

I. DRY GOODS STORAGE

1. Is appropriate dry good storage space provided for based upon menu, meals and frequency of deliveries? Yes_____ No_____

Provide information on the frequency of deliveries and the expected gross volume that is to be delivered each time.

II. WATER SUPPLY

1. Please check one: Is water supply Community? Yes___ No___ Municipal? Yes___ No___

If the Water supply is other than a Municipal supply, it will be required to be registered with Public Water Supply.

2. If water supply is from a Community Water Supply system is it registered and approved as public water supply? Yes_____ No_____

If yes, please attach copy of written approval and/or permit.

3. Is ice made on premises or purchased commercially? Yes_____ No_____

Please specify: _____

If made on premises than specification for the ice machine will need to be provided. Describe provision for ice scoop storage: _____

III DUMPSTER

4. Will a dumpster be used? Yes_____ No_____ N/A_____
- Number _____ Size _____ Frequency of Pickup _____
- Contractor Service: _____

5. Will the dumpster be cleaned on site? Yes_____ No_____

If the dumpster is to be cleaned on site, then the waster water from the cleaning operation will be required to be discharged to the sanitary sewer system.

6. Is the dumpster to be cleaned by an off site contracted cleaning service? Yes_____ No_____

If yes, please provide name and address of the firm contracted for this service.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____)-(____-____) Fax: (____)-(____-____)

7. Will a compactor be used? Yes _____ No _____ N/A _____
Number _____ Size _____ Frequency of Pickup _____
Contractor Service: _____

8. Will the compactor be cleaned on site? Yes _____ No _____ N/A _____

If the compactor is to be cleaned on site, then the waste water from the cleaning operation will be required to be discharged to the sanitary sewer system.

9. Is the compactor to be cleaned by an off site contracted cleaning service? Yes _____ No _____

If yes, please provide name and address of the firm contracted for this service.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____)-(____-____) Fax: (____)-(____-____)

10. Describe surface and location where dumpster/compactor/cans are to be stored: _____

11. Will trash containers be stored outside? Yes _____ No _____
If yes, please describe location: _____

12. Type and location of waste cooking grease storage receptacle: _____

13. Is there an area to store recycled containers? Yes _____ No _____
Describe: _____

14. Location and size of grease trap: _____

X. SEWAGE DISPOSAL

1. Is building connected to a municipal sewer? Yes_____ No_____
2. If no, is private disposal system approved? Yes_____ No_____ Pending _____

If yes, please attach a copy of the written approval and/or permit.

XI. GENERAL

1. Are insecticides/rodenticides if used stored separately from cleaning and sanitizing agents?
Indicate location: _____ Yes_____ No_____
2. Are all cleaning materials and toxicants stored away from food preparation/storage areas? This includes items used on premises, retail sales and personal medications. Yes_____ No_____ Please Describe Location: _____

3. Are all containers of toxic/cleaning material including sanitizing spray bottles clearly labeled? Yes_____ No_____
4. Are laundry facilities located on premises? Yes_____ No_____ If yes, what will be laundered? _____

5. Is a laundry dryer available? Yes_____ No_____ If yes, please describe location: _____

6. Location of clean linen storage: _____

7. Location of dirty linen storage: _____

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior approval from this Health Regulatory Office may nullify this approval.

Signature(s) _____

Owner(s) or Responsible Representative(s)

Date: _____

FOOD PREPARATION WORKSHEET SUPPLEMENT

Food Item: _____

Will the food item be washed or rinsed prior to use? If yes please indicate location of equipment and describe the washing procedures. Include time of day and frequency for washing or rinsing the product at this location:

Location of equipment: _____

Time of day and frequency: _____

Procedure used to wash or rinse food item: _____

Please describe the preparation procedures for the food items described above and indicate location of equipment to support this operation. The preparation procedure should include dishes in which the product will be used, and should include time of day and frequency of preparation for the food item at this location:

Location and type of equipment of equipment: _____

Time of day and frequency: _____

Food item preparation procedures: _____
